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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify You	self	
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that	at is on Alice	
	your government-is picture identification		First name
	example, your driv	er's M	
	license or passpo	1). Middle name	Middle name
	Bring your picture identification to you	Longino Longino	
	meeting with the tr		Last name and Suffix (Sr., Jr., II, III)
2.	All other names y used in the last 8		
	Include your marric maiden names.	ed or	
3.	Only the last 4 dig your Social Secu number or federa Individual Taxpay	ity I xxx-xx-0287 er	
	Identification nun (ITIN)	nber	

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Case number (if known)

Debtor 1 Alice M Longino

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs If Debtor 2 lives at a different address: Where you live 21035 Homeland Road Matteson, IL 60443 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Document Case number (if known) Debtor 1 Alice M Longino

Par	Tell the Court About	Your B	Bankruptcy Ca	se						
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.								
	choosing to file under		hapter 7							
		□с	hapter 11							
		□с	hapter 12							
		■ C	chapter 13							
3.	How you will pay the fee	•	about how your order. If your a pre-printed		re paying lyment or	the fee yourself, your sour behalf, your	ou may pay with cash attorney may pay with	, cashie n a credi	r's check, or money it card or check with	
				r the fee in installments. If yo e <i>in Installment</i> s (Official Forn		e this option, sign a	and attach the <i>Applica</i>	ation for	Individuals to Pay	
			I request that but is not requ applies to you	t my fee be waived (You ma uired to, waive your fee, and r ur family size and you are una	y request may do so ible to pa	o only if your incom y the fee in installm	ie is less than 150% onents). If you choose t	of the off his optic	ficial poverty line that on, you must fill out	
			the Applicatio	n to Have the Chapter 7 Filin	g Fee Wa	aived (Official Form	103B) and file it with	your pe	tition.	
9.	Have you filed for bankruptcy within the last 8 years?	□ No								
				Northern District of IL,						
			District	Eastern Division	When	11/07/13	Case number	13-43	618	
			District		_ When		Case number			
			District		_ When		Case number			
10.	Are any bankruptcy	□ No	0							
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ Ye	es.							
			Debtor	Eugene Longino			Relationship to y	ou	Husband	
			District	U.S. Bankruptcy Court, N.D. Illinois	When	4/27/18	Case number, if	known	18-12469	
			Debtor		_		Relationship to y	ou		
			District		_ When		Case number, if	known		
11.	Do you rent your	■ No	o. Go to li	ne 12.						
	residence?	□ Ye		ur landlord obtained an eviction	on judgm	ent against you?				
				No. Go to line 12.	-	-				
				Yes. Fill out <i>Initial Statement</i> this bankruptcy petition.	: About ar	n Eviction Judgmer	nt Against You (Form	101A) a	nd file it as part of	

Document Page 4 of 64 Case number (if known) Debtor 1 Alice M Longino Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any property that needs

immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs

urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Alice M Longino

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Alice M Longino Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will ☐ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10.000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Alice M Longino Signature of Debtor 2 Alice M Longino Signature of Debtor 1 Executed on April 30, 2018 Executed on MM / DD / YYYY MM / DD / YYYY

Debtor 1 Alice M Longino Document Page 7 of 64 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Ernesto D. Borges, Jr. ARDC	Date	April 30, 2018
Signature of Attorney for Debtor		MM / DD / YYYY
Ernesto D. Borges, Jr. ARDC #6189298		
Ledford, Wu & Borges, LLC		
105 W. Madison 23rd Floor		
Chicago, IL 60602		
Number, Street, City, State & ZIP Code		
Contact phone 312-853-0200	Email address	notice@billbusters.com
#6189298 IL		
Par number 9 Ctata		

		Docume	ent Page 8 of 6	4	•
Fill in this inform	nation to identify your	case:			
Debtor 1	Alice M Longino				
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS		
Case number _					☐ Check if this is an
					amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	154,755.50
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	52,900.26
	1c. Copy line 63, Total of all property on Schedule A/B	\$	207,655.76
Par	rt 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	85,997.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,800.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	217,426.04
	Your total liabilities	\$	305,223.04
Par	rt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,193.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,354.00
Par	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known) Debtor 1 Alice M Longino

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

6,612.85 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,800.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	199,553.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	201,353.00

C	ase 18-13043 DC	_	ument	Page 10 of 64	.6 14.10.53	Desc	Main
ill in this infor	mation to identify your ca			Paue 10 01 04			
			,-				
Debtor 1	Alice M Longino First Name	Middle Name		Last Name			
Debtor 2							
Spouse, if filing)	First Name	Middle Name		Last Name			
Jnited States Ba	ankruptcy Court for the: N	ORTHERN DIST	RICT OF ILLIN	OIS			
Case number							Onlook ii ano io an
							amended filing
Official Fo	orm 106A/B						
scneau	<u>le A/B: Prope</u>	rty					12/15
	separately list and describe it Be as complete and accurate a						
	re space is needed, attach a s						
nswer every que	stion.						
art 1: Describe	Each Residence, Building, La	and, or Other Real	Estate You Owi	n or Have an Interest In			
	· ·						
Do you own or	have any legal or equitable in	terest in any reside	ence, building, l	land, or similar property?			
☐ No. Go to Pa	art 2.						
Yes. Where	is the property?						
_ 100. 1111010	io and proporty.						
.1		What	ie the property	Charle all that apply			
	meland Road	vviiat		? Check all that apply			
	s, if available, or other description		Single-family ho		Do not deduct secured claims or ex- the amount of any secured claims o		
	,		Creditors V			s Who Have Claims Secured by Property.	
			Condominium o	or cooperative			
			Manufactured of	or mobile home			
Matteson	IL 60443	_	Land		Current value of entire property?		urrent value of the ortion you own?
City		Code	Investment pro	nerty	\$145.05	-	\$72.527.50
Oily	otato Zii		Timeshare	perty	Ψ140,00		ψ12,021.00
		_		tor's Residence			ownership interest
		Who I		in the property? Check one	(such as ree sim		y by the entireties, or
				in the property. Check one	Tenancy by t		ety
Cook		_	Debtor 2 only				-
County			Debtor 1 and D	lehtor 2 only			
-		_		the debtors and another	Check if this		nity property
		-		u wish to add about this ite	(10)	
			erty identification		iii, sucii as local		

Official Form 106A/B Schedule A/B: Property page 1

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Case number (if known) Document Debtor 1 Alice M Longino If you own or have more than one, list here: 1.2 What is the property? Check all that apply 10157 S. Wallace Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Manufactured or mobile home П Current value of the Current value of the Chicago IL 60628-0000 □ Land entire property? portion you own? \$82,228.00 \$82,228.00 Investment property City State ZIP Code Timeshare Describe the nature of your ownership interest ☐ Other (such as fee simple, tenancy by the entireties, or a life estate), if known, Who has an interest in the property? Check one Debtor 1 only Cook Debtor 2 only County Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for \$154,755.50 pages you have attached for Part 1. Write that number here..... Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Hyundai 3 1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Santa Fe Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2014 Debtor 2 only Current value of the Current value of the Approximate mileage: 90000 Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another Value Per NADA \$16,225.00 \$16,225.00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Hyundai 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Sonata Model: Creditors Who Have Claims Secured by Property. Debtor 1 only 2015 Year: Debtor 2 only Current value of the Current value of the

Official Form 106A/B Schedule A/B: Property page 2

☐ Debtor 1 and Debtor 2 only

(see instructions)

☐ At least one of the debtors and another

☐ Check if this is community property

42000

Approximate mileage:

Value Per NADA

Other information:

\$17,200.00

portion you own?

entire property?

\$17,200.00

Deb	tor 1	Case 18-		oc 1	Filed 05/03/18 Document	Entered 05/03 Page 12 of 64	3/18 14:10:53	Desc Main
3.3		Alice M Long			Who has an interest in th		Do not deduct sec	ured claims or exemptions. Put
	Mode	el: EN500C9	F Vulcan 50		■ Debtor 1 only		,	secured claims on Schedule D: ve Claims Secured by Property.
	Year				Debtor 2 only		Current value of	
	Appro	oximate mileage:	250		Debtor 1 and Debtor 2 of	only	entire property?	portion you own?
	Othe	r information:			☐ At least one of the debte			
	Valu	ie Per NADA			_		¢4 725	.00 64 705 00
					Check if this is comme (see instructions)	unity property	\$1,735	5.00 \$1,735.00
Ex	amples				other recreational vehi- rcraft, fishing vessels, sn			
	No							
Ц	Yes							
<i>-</i> A	ماط المام	deller velve ef	the newtien w	f	fan all af varm antrias fr	om Dort O including	any antrina for	
D.	ages v	ou have attach	the portion you	อน own ז Write tha	for all of your entries fr at number here	om Part 2, including a	any entries for =>	\$35,160.00
•								
Part	3: Des	scribe Your Perso	nal and Housel	hold Items	s			
Do y	ou ow	n or have any l	egal or equita	ble inter	est in any of the follow	ring items?		Current value of the
								portion you own? Do not deduct secured claims or exemptions.
E		old goods and f es: Major applian		linens, ch	hina, kitchenware			
	Yes.	Describe						
			Misc used	househ	nold goods and furn	ishings.		\$1,039.00
E] No	es: Televisions a			, stereo, and digital equip dia players, games	oment; computers, print	ers, scanners; music c	ollections; electronic devices
			4 Televisio	n 3 DV	/D Player, 2 Compute	er 2 Printer 1 Table	et and Cell	
			Phone.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- I layer, 2 compan			\$1,000.00
E	xample I No		figurines; pain ons, memorabi			oks, pictures, or other a	nt objects; stamp, coin,	or baseball card collections;
			Books & F	amily P	Pictures			\$50.00
10. F	No Yes. Firearm Examp	musical instru Describe ns oles: Pistols, rifles	graphic, exerci uments		other hobby equipment; n, and related equipmen		olf clubs, skis; canoes a	and kayaks; carpentry tools;
	Yes.	Describe						

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Case number (if known) Document Debtor 1 Alice M Longino 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... \$500.00 **Necessary Wearing Apparel** 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver Yes. Describe..... \$200.00 Costume Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses □ No Yes. Describe..... \$0.00 Pets: 5 Chickens, 2 dogs 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,789.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$0.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... Citibank \$8.00 17.1. Checking **BMO Harris Bank** \$0.00 17.2. Checking 17.3. Checking **US Bank** \$18.00

Doc 1

Official Form 106A/B

Schedule A/B: Property

Desc Main

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Case number (if known) Document Debtor 1 Alice M Longino 17.4. Checking Chicago Area Federal Credit Union \$0.00 \$100.00 **Chicago Arear Federal Credit Union** Savings 17.5. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture □ No ■ Yes. Give specific information about them..... Name of entity: % of ownership: GIA Enterprises Inc. 100% \$0.00 No assets % 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name: Thrift Savings Plan **U.S. Federal Government** \$14,825.26 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them...

Case 18-13043

Doc 1

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Debtor 1	Case 18-13043	Doc 1 Filed 05/03/18 Document	Entered 05/03/18 14:10:53 Page 15 of 64 Case number (if known)	Desc Main
	Alice M Longino		Case number (# known)	
	ses, franchises, and other gapples: Building permits, exclus		on holdings, liquor licenses, professional license	es
Yes.	. Give specific information ab	out them		
	Pr	roducers License - For life Ins	surance	\$0.00
Money or	r property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax re	efunds owed to you			
■ No				
⊔ Yes.	. Give specific information abo	out them, including whether you alre	eady filed the returns and the tax years	
29. Family Exam		limony, spousal support, child supp	port, maintenance, divorce settlement, property	settlement
■ No	,	77 1 11 7 11		
☐ Yes.	. Give specific information			
00 011				
		y insurance payments, disability ber	nefits, sick pay, vacation pay, workers' comper	nsation, Social Security
■ No	benefits; unpaid loans y	ou made to someone else		
	. Give specific information			
Exam □ No			(HSA); credit, homeowner's, or renter's insurar	nce
■ Yes.		ny of each policy and list its value. any name:	Beneficiary:	Surrender or refund value:
				value.
	Term	Life Insurance Policy throug loyer - No Cash Surrender Va	h lue	\$0.00
	Empl	-,		
	Empl			<u> </u>
	Primi	merica Term Life No Cash ender Value		\$0.00
If you some	Primi surre	ender Value ue you from someone who has di	ed nsurance policy, or are currently entitled to rece	
If you some	Primi surre	ender Value ue you from someone who has di		
If you some	Primi surre	ender Value ue you from someone who has di		
If you some of No ☐ Yes.	Primi surre nterest in property that is duare the beneficiary of a living one has died. Give specific information	ender Value ue you from someone who has di trust, expect proceeds from a life in	nsurance policy, or are currently entitled to rece	
If you some No □ Yes. 33. Claims Exam □ No	Primi surre nterest in property that is duare the beneficiary of a living one has died. Give specific information	ender Value ue you from someone who has di trust, expect proceeds from a life in	nsurance policy, or are currently entitled to rece	
If you some No □ Yes. 33. Claims Exam □ No	Primi surre nterest in property that is dutare the beneficiary of a living sone has died. Give specific information s against third parties, when apples: Accidents, employment	ther or not you have filed a lawsu	nsurance policy, or are currently entitled to rece uit or made a demand for payment ts to sue	
If you some No □ Yes. 33. Claims Exam □ No	Primi surre nterest in property that is dutare the beneficiary of a living sone has died. Give specific information s against third parties, when apples: Accidents, employment	ender Value ue you from someone who has di trust, expect proceeds from a life in	nsurance policy, or are currently entitled to rece uit or made a demand for payment ts to sue	
If you some No □ Yes. 33. Claims Exam □ No	Primi surre nterest in property that is dutare the beneficiary of a living sone has died. Give specific information s against third parties, when apples: Accidents, employment	ther or not you have filed a lawsudisputes, insurance claims, or right	nsurance policy, or are currently entitled to rece uit or made a demand for payment ts to sue	eive property because
If you somed No Yes. 33. Claims Exam No Yes.	Primi surre nterest in property that is dutare the beneficiary of a living sone has died. Give specific information as against third parties, when apples: Accidents, employment. Describe each claim	ther or not you have filed a lawsudisputes, insurance claims, or right Lawsuit Eviction \$4507.08 Case 2018 M1 704701	nsurance policy, or are currently entitled to rece uit or made a demand for payment ts to sue	eive property because
If you somed No □ Yes. 33. Claims Exam □ No □ Yes.	Primi surre nterest in property that is dutare the beneficiary of a living sone has died. Give specific information as against third parties, when apples: Accidents, employment. Describe each claim	ther or not you have filed a lawsudisputes, insurance claims, or right Lawsuit Eviction \$4507.08 Case 2018 M1 704701	uit or made a demand for payment as to sue	eive property because

Debt	Case 18-13043	Doc 1 Filed 05/0 Docume		Entered 09 Page 16 of	5/03/18 14:10:53 64 Case number (if known)	Desc Main
	700 III 2011g.11.0				Case Humber (II known)	
	ny financial assets you did not No	already list				
	Yes. Give specific information					
	res. Give specific information					
	Add the dollar value of all of yo for Part 4. Write that number he	•	_			\$14,951.26
Part 5	: Describe Any Business-Related	Property You Own or Have an I	Interest I	n. List any real esta	ite in Part 1.	
37. D o	you own or have any legal or equi	itable interest in any business-r	elated p	roperty?		
	No. Go to Part 6.					
	es. Go to line 38.					
Part 6	Describe Any Farm- and Comme If you own or have an interest in fa		You Ow	n or Have an Interes	st In.	
46. D	o you own or have any legal or	r equitable interest in any fa	rm- or o	commercial fishin	g-related property?	
ı	No. Go to Part 7.					
[Yes. Go to line 47.					
Part 7	Describe All Property You	Own or Have an Interest in That	You Dic	Not List Above		
53 D	o you have other property of a	ny kind you did not already	lict?			
	Examples: Season tickets, country		iiot:			
	No					
	Yes. Give specific information					
54.	Add the dollar value of all of yo	our entries from Part 7. Write	e that n	umber here		\$0.00
D. 46	Liver Table (E. J. B. A.	. Call to East				
Part 8	List the Totals of Each Part	of this Form				
55.	Part 1: Total real estate, line 2					\$154,755.50
56.	Part 2: Total vehicles, line 5			\$35,160.00		
57.	Part 3: Total personal and hous	sehold items, line 15		\$2,789.00		
58.	Part 4: Total financial assets, li	ine 36		\$14,951.26		
59.	Part 5: Total business-related p	property, line 45		\$0.00		
	Part 6: Total farm- and fishing-	• • •		\$0.00		
61.	Part 7: Total other property not	t listed, line 54	+	\$0.00		
62.	Total personal property. Add lin	nes 56 through 61	_	\$52,900.26	Copy personal property t	otal \$52,900.2 6
63.	Total of all property on Schedu	Ile A/B. Add line 55 + line 62				\$207,655.76

Official Form 106A/B Schedule A/B: Property page 7

				U-T
Fill in this informa	ation to identify your	case:		
Debtor 1	Alice M Longino			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ban	kruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
\$72,527.50		100%	735 ILCS 5/12-112
		100% of fair market value, up to any applicable statutory limit	
\$16,225.00		\$2,400.00	735 ILCS 5/12-1001(c)
		100% of fair market value, up to any applicable statutory limit	
\$1,735.00		\$1,735.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$1,039.00		\$1,039.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
\$1,000.00		\$1,000.00	735 ILCS 5/12-1001(b)
		100% of fair market value, up to any applicable statutory limit	
	\$72,527.50 \$16,225.00 \$1,735.00	\$16,225.00	\$72,527.50 \$72,527.50 \$100% of fair market value, up to any applicable statutory limit \$16,225.00 \$1,735.00 \$1,735.00 \$1,009.00 \$1,00% of fair market value, up to any applicable statutory limit \$1,000.00 \$1,00% of fair market value, up to any applicable statutory limit \$1,000.00 \$1,00% of fair market value, up to any applicable statutory limit

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Case number (if known)

	7 tiles in Estignis				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Books & Family Pictures Line from Schedule A/B: 8.1	\$50.00		\$50.00	735 ILCS 5/12-1001(a)
	Line Holli Schedule A/D. 0.1			100% of fair market value, up to any applicable statutory limit	
	Necessary Wearing Apparel Line from Schedule A/B: 11.1	\$500.00		\$500.00	735 ILCS 5/12-1001(a)
	Elle Holli Goricadae 775. T.T.			100% of fair market value, up to any applicable statutory limit	
	Costume Jewelry Line from Schedule A/B: 12.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
	Line Holli Golledale A.D. 12.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Citibank Line from Schedule A/B: 17.1	\$8.00		\$8.00	735 ILCS 5/12-1001(b)
	Line Holli Schedule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
	Checking: US Bank Line from Schedule A/B: 17.3	\$18.00		\$18.00	735 ILCS 5/12-1001(b)
	Elle Holli Golledale 775. This			100% of fair market value, up to any applicable statutory limit	
	Checking: Chicago Area Federal Credit Union	\$0.00		\$0.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 17.4			100% of fair market value, up to any applicable statutory limit	
	Savings: Chicago Arear Federal Credit Union	\$100.00		\$0.00	735 ILCS 5/12-1001(b)
	Line from Schedule A/B: 17.5			100% of fair market value, up to any applicable statutory limit	
	Thrift Savings Plan: U.S. Federal Government	\$14,825.26		100%	735 ILCS 5/12-1006
	Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every ■ No □ Yes. Did you acquire the property cover □ No □ Yes	3 years after that for ca	ases fi		

	Document	Page 1	9 of 64		
Fill in this information to identify	your case:				
Debtor 1 Alice M Lon	gino				
First Name	Middle Name	Last Name		-	
Debtor 2					
(Spouse if, filing) First Name	Middle Name	Last Name		•	
United States Deplementary Court for	the: NORTHERN DISTRICT OF	II I INOIS			
United States Bankruptcy Court for	NORTHERN DISTRICT OF	ILLINOIS		-	
Case number					
(if known)				☐ Check	if this is an
				amend	led filing
				 '	
Official Form 106D					
Schedule D: Credito	ors Who Have Claims	Secure	d by Propert	V	12/15
Beneadle B. Greatt	or or the trave or annual	3 Occur c	d by 1 Topoli	<u> </u>	12/10
s needed, copy the Additional Page, f	ible. If two married people are filing togo ill it out, number the entries, and attach				
number (if known).	- d b				
1. Do any creditors have claims secur		,			
□ No. Check this box and sub	mit this form to the court with your oth	ner schedules.	You have nothing else t	to report on this form.	
Yes. Fill in all of the informa	tion below.				
Part 1: List All Secured Claim	s				
	-	oroditor congreto	Column A	Column B	Column C
	has more than one secured claim, list the or has a particular claim, list the other credit		Amount of claim	Value of collateral	Unsecured
much as possible, list the claims in alph	abetical order according to the creditor's na	ame.	Do not deduct the	that supports this	portion
2.1 Auburn Loan Servicing	Describe the property that secure	es the claim:	value of collateral. \$45,000.00	claim \$145,055.00	If any \$0.00
Creditor's Name	21035 Homeland Road Ma		Ψ+3,000.00	Ψ140,000.00	Ψ0.00
	60443, Cook County; Debt	,			
	Primary Residence				
259 Minot Ave	As of the date you file, the claim i	is: Check all that			
Auburn, ME 04210	apply.				
Number, Street, City, State & Zip Code	☐ Contingent □ Unliquidated				
Number, Street, Oity, State & Zip Code	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that appl	V.			
_	☐ An agreement you made (such a		ecured		
■ Debtor 1 only □ Debtor 2 only	car loan)	ao mongago or o	oourou		
Debtor 2 only Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, r	maahaniala lian)			
At least one of the debtors and anot		nechanic's lien)			
☐ Check if this claim relates to a		Mortgage			
community debt	Other (including a right to offset)	Mortgage			
•					
Date debt was incurred	Last 4 digits of account nu	ımber <u>2001</u>			
2.2 Chase Auto Finance	Describe the property that secure	es the claim:	\$19,994.00	\$17,200.00	\$2,794.00
Creditor's Name	2015 Hyundai Sonata 4200	00 miles			
National Bankruptcy	Value Per NADA				
Dept 201 N Central Ave Ms	As of the date you file, the claim i	is: Check all that			
Az1-1191	apply.	oneok an mar			
Phoenix, AZ 85004	☐ Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
7,	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that appl	у.			
■ Debtor 1 only	☐ An agreement you made (such a		ecured		
Debtor 2 only	car loan)	330 0. 0			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, r	mechanic's lien\			
☐ At least one of the debtors and anot		nconanio s liett)			
Check if this claim relates to a	_	Purchase	Money Security Int	erest	
J.John II tillo Glaini Tolatos to a	Other (including a right to offset)				

community debt

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Debtor 1 Alice M Longino	0			Case number (if know)		
First Name	Middle Name	Last Name				
Oper 08/1: Activ Date debt was incurred 2/23/	5 Last ve	Last 4 digits of account number	2122	2		
Chicago Area Feder	·al					
Credit Union		ibe the property that secures the o	laim:	\$15,403.00	\$16,225.00	\$0.00
Creditor's Name		Hyundai Santa Fe 90000 n e Per NADA	niles			
600 W Madison Chicago, IL 60661	apply.	the date you file, the claim is: Checontingent	k all that			
Number, Street, City, State & Zij		liquidated				
Who owes the debt? Check on	☐ Dis					
■ Debtor 1 only □ Debtor 2 only		agreement you made (such as mort r loan)	gage or s	secured		
Debtor 1 and Debtor 2 only	∏ Sta	ututory lien (such as tax lien, mechan	ic's lien)			
☐ At least one of the debtors and		Igment lien from a lawsuit				
☐ Check if this claim relates to community debt	o a ■ Oth	ner (including a right to offset)	rchase	e Money Security Inter	rest	
Oper 8/17/ Last Date debt was incurred 2/28/	/15 : Active	Last 4 digits of account number	1713	3		
2.4 Cook County Treasu		be the property that secures the o		\$5,600.00	\$145,055.00	\$0.00
	6044	5 Homeland Road Matteso 3, Cook County; Debtor's ary Residence	n, IL			
118 North Clark Stre Suite 112	As of	the date you file, the claim is: Chec	k all that			
Chicago, IL 60602	apply.	ntingent				
Number, Street, City, State & Zip		liquidated				
	Dis					
Who owes the debt? Check on		e of lien. Check all that apply.				
Debtor 1 only		agreement you made (such as mort	gage or s	secured		
Debtor 2 only	ca	r loan)				
Debtor 1 and Debtor 2 only		tutory lien (such as tax lien, mechan	ic's lien)			
At least one of the debtors and	_	dgment lien from a lawsuit	مامماء	oto tovoo		
Check if this claim relates to community debt	o a ■ Oth	ner (including a right to offset)	ai esta	te taxes		
Date debt was incurred		Last 4 digits of account number	0000)		
2.5 Ditech	Descr	ibe the property that secures the o	laim:	Unknown	\$82,228.00	Unknown
Creditor's Name		7 S. Wallace Chicago, IL 60 c County	0628			
Attn: Bankruptcy	As of	the date you file, the claim is: Chec	k all that			
Po Box 6172	apply.	•	un ulai			
Rapid City, SD 5770	= **	ntingent				
Number, Street, City, State & Zij		liquidated				
Who owes the debt? Check on	☐ Dis ne. Natur	puted e of lien. Check all that apply.				
■ Debtor 1 only	_	agreement you made (such as mort	gage or s	secured		
Debtor 2 only		r loan)				
Debtor 1 and Debtor 2 only	☐ Sta	tutory lien (such as tax lien, mechan	ic's lien)			

Official Form 106D Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Debtor 1 Alice M Lo	ongino			Case number (if know)	
First Name	Middle N	lame Last Name			
☐ At least one of the del ☐ Check if this claim recommunity debt		☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)	Mortgage		
Date debt was incurred	Opened 12/01 Last Active 9/11/13	Last 4 digits of account num	hber 6151		
	•	Column A on this page. Write that nun		\$85,997.0	
Write that number her	•	the donar value totals from all pages	•	\$85,997.0	0

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

			Docume	nt Page 22 d	of 64		
FI	ll in this info	rmation to identify your cas	e:				
De	ebtor 1	Alice M Longino					
		First Name	Middle Name	Last Name	_		
	ebtor 2 ouse if, filing)	First Name	Middle Name	Last Name			
(Sp	ouse ii, iiiiig)						
Ur	nited States E	Bankruptcy Court for the: N	ORTHERN DISTRICT	OF ILLINOIS			
Ca	ase number						
(if k	known)					☐ Check	if this is an
						amend	led filing
∩f	ficial Fo	rm 106E/F					
		E/F: Creditors Who	h Have Unsecu	red Claims			12/15
		and accurate as possible. Use Pa			2 for creditors with NON	PRIORITY claims. Li	
Sch Sch left. nan	nedule G: Exe nedule D: Cred . Attach the C ne and case n	ontracts or unexpired leases that cutory Contracts and Unexpired dittors Who Have Claims Secured ontinuation Page to this page. If umber (if known).	Leases (Official Form 10 d by Property. If more sp you have no information	D6G). Do not include any ace is needed, copy the	creditors with partially s Part you need, fill it out, i	ecured claims that a number the entries in	re listed in the boxes on the
1.		All of Your PRIORITY Unsec litors have priority unsecured cl					
١.	□ No. Go to	• •	ainis against your				
	Yes.	71 ait 2.					
2.	List all of you identify what possible, list	our priority unsecured claims. If type of claim it is. If a claim has be the claims in alphabetical order ac re than one creditor holds a particu	oth priority and nonpriority according to the creditor's na	amounts, list that claim he ame. If you have more that	re and show both priority a	nd nonpriority amount	ts. As much as
	(For an expla	anation of each type of claim, see t	he instructions for this forr	n in the instruction booklet	Total claim	Priority amount	Nonpriority amount
2.1			Last 4 digits of	account number	\$1,800.00	\$1,800.00	\$0.00
	-	Creditor's Name	When was the o	dobt incurred?			
	Opera	entralized INsolvency Itio	When was the t				
	P.O.B	ox 21126					
		delphia, PA 19114 Street City State Zlp Code	As of the date v	ou file, the claim is: Che	ack all that apply		
		red the debt? Check one.	Contingent	ou me, me ciami is. One	ск ан шасарру		
	■ Debtor	1 only	☐ Unliquidated				
	☐ Debtor	,	☐ Disputed				
	_	and Debtor 2 only	· ·	TY unsecured claim:			
	_	one of the debtors and another	Domestic sup				
	_		_				
		if this claim is for a community n subject to offset?		ertain other debts you owe eath or personal injury whil	•		
	No	i subject to onset?	Other. Specif		e you were intoxicated		
	☐ Yes		□ Other. Specii	2017			
		All (V NONDRIGHTVII					
		All of Your NONPRIORITY U					
3.	_ `	itors have nonpriority unsecure					
	□ No. You	nave nothing to report in this part.	Submit this form to the cou	ırt with your other schedule	es.		
	Yes.						
4.	unsecured c	our nonpriority unsecured claims aim, list the creditor separately for ditor holds a particular claim, list th	each claim. For each clair	n listed, identify what type	of claim it is. Do not list cla	aims already included	in Part 1. If more

Total claim

Case 18-13043 Doc 1 Filed 05/03/18 Entered 05/03/18 14:10:53 Desc Main Page 23 of 64 Case number (if know) Document Debtor 1 Alice M Longino 4.1 \$100.00 **Advocate Health Care** Last 4 digits of account number 0305 Nonpriority Creditor's Name P.O. Box 23860 When was the debt incurred? Belleville, IL 62223 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Medical Service/Collection Agent ☐ Yes 4.2 \$600.00 **Advocate Medical Group** Last 4 digits of account number 1590 Nonpriority Creditor's Name P.O. Box 92523 When was the debt incurred? Chicago, IL 60675 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $oxed{\square}$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Bill** Other. Specify 4.3 **Alliance One** Last 4 digits of account number 0066 \$100.00 Nonpriority Creditor's Name 6565 Kimball Drive When was the debt incurred? Giq Harbor, WA 98335 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent

Document Page 24 of 64 Debtor 1 Alice M Longino Case number (if know) 4.4 \$100.00 AT&T Last 4 digits of account number 2601 Nonpriority Creditor's Name PO Box 5014 When was the debt incurred? Carol Stream, IL 60197 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.5 Atg Credit Last 4 digits of account number 6330 \$64.00 Nonpriority Creditor's Name 1700 West Cortland Street When was the debt incurred? **Opened 05/16** Suite 201 Chicago, IL 60622 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Neb Medical Services ☐ Yes **BCA Financial Services** \$100.00 4.6 5336 Last 4 digits of account number Nonpriority Creditor's Name 18001 Old Cutler Road When was the debt incurred? Suite 462 Miami, FL 33157 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Advocate Trinity Hospital

☐ Check if this claim is for a community

Is the claim subject to offset?

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Debtor 1 Alice M Longino Case number (if know) 4.7 \$3,531.00 Capital One Last 4 digits of account number 8147 Nonpriority Creditor's Name Attn: Bankruptcy Opened 06/15 Last Active Po Box 30285 When was the debt incurred? 12/12/17 Salt Lake City, UT 84130 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Credit Card ☐ Yes 4.8 Chicago Area Federal Credit Union Last 4 digits of account number 8166 \$1,208.00 Nonpriority Creditor's Name Opened 10/07/16 Last Active 600 W Madison When was the debt incurred? 2/28/18 Chicago, IL 60661 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Check Credit Or Line Of Credit** Other, Specify 4.9 Chicago Area Federal Credit Union Last 4 digits of account number 0574 \$478.00 Nonpriority Creditor's Name Opened 12/14/17 Last Active 600 W Madison When was the debt incurred? 2/28/18 Chicago, IL 60661 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Unsecured

Document Page 26 of 64 Debtor 1 Alice M Longino Case number (if know) 4.1 City of Chicago Parking \$950.00 Last 4 digits of account number 0 Nonpriority Creditor's Name 121 N. LaSalle Street When was the debt incurred? #107A Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify Tickets 4.1 ComEd 4016 \$1,854.00 Last 4 digits of account number Nonpriority Creditor's Name 3 Lincoln Center When was the debt incurred? Attn: Bkcy Group-Claims Department Oakbrook Terrace, IL 60181 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Other. Specify Utilities ☐ Yes 4.1 7821 Comenity Capital Bank/HSN \$2,991.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 08/11 Last Active Attn: Bankruptcy Dept Po Box 18215 When was the debt incurred? 1/16/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No

☐ Yes

■ Other. Specify Charge Account

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

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Case number (if know)

DODIC	Alice W Longino		Case Harriber (II know)	
4.1 3	FedLoan Servicing	Last 4 digits of account number	0003	\$199,553.00
	Nonpriority Creditor's Name Attention: Bankruptcy Po Box 69184	When was the debt incurred?	Opened 10/14 Last Active 3/31/18	
	Harrisburg, PA 17106 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent☐ Unliquidated		
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	Student loansObligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	□Yes	☐ Other. Specify		
		Educationa	I	
4.1 4	Guaranty Bk	Last 4 digits of account number	0001	\$958.00
	Nonpriority Creditor's Name Attn: Bankruptcy 4000 W Brown Deer Rd Brown Deer, WI 53209	When was the debt incurred?	Opened 11/17 Last Active 3/19/18	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Debt Owed		
4.1 5	I Achieve Today Nonpriority Creditor's Name	Last 4 digits of account number		\$1,500.00
	707 Timpanogos Parkway Building M, Suite 1300 Orem, UT 84097-1500	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	☐ Yes	Other Specify Debt owed		
	□ res	()ther Specify DUDL OWEU		

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Case number (if know)

Debtor	1 Alice M Longino		Case number (if know)	
4.1	I.C. System Inc.		2004	¢0.00
6	I C System Inc Nonpriority Creditor's Name	Last 4 digits of account number	3001	\$0.00
	444 Highway 96 East P.O. Box 64378	When was the debt incurred?	Opened 09/13	
	St. Paul, MN 55164			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Notice		
4.1	Just Energy	Last 4 digits of account number	4016	\$100.00
1	Nonpriority Creditor's Name 8600 W. Bryn Mawr	When was the debt incurred?		
	Chicago, IL 60631			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	_			
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa report as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	or plans, and other similar debts	
	☐ Yes		g p-a, a	
	La res	Other. Specify Utility		
4.1 8	Kemper Preferred Agent	Last 4 digits of account number	0466	\$100.00
	Nonpriority Creditor's Name Fairoaks Insurance Agency	When was the debt incurred?		
	One Tiffany Pointe	When was the dept incurred:		
	Bloomingdale, IL 60108	_		
	Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured		
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a sepa		
	<u> </u>	report as priority claims Debts to pension or profit-sharin	a plane, and other similar debte	
	No	·		
	☐ Yes	Other, Specify Debt Owed		

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Case number (if know)

4.1 9	Lake Anesthesia	Last 4 digits of account number 4569	\$54.00
	Nonpriority Creditor's Name P.O. Box 158 Florage II 60423	When was the debt incurred?	
	Flossmor, IL 60423 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Debt owed	
4.2	Nicor		\$700.00
0	Nonpriority Creditor's Name	Last 4 digits of account number	φ/00.00
	Attention: Bankruptcy & Collections PO Box 549	When was the debt incurred?	
	Aurora, IL 60507		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Utility	
4.2	Portfolio Recovery	Last 4 digits of account number 7616	\$459.00
	Nonpriority Creditor's Name		
	Po Box 41067	When was the debt incurred? Opened 10/17	
	Norfolk, VA 23541 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , ,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	_	Factoring Company Account Synchrony	
	☐ Yes	Other. Specify Bank	

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Debtor 1 Alice M Longino Case number (if know) 4.2 Sirius Satellite Radio 0879 \$51.04 Last 4 digits of account number 2 Nonpriority Creditor's Name 1221 Avenue of the Americas When was the debt incurred? New York, NY 10020 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Debt Owed South Suburban Gastroenterology, 42 4548 \$100.00 3 SC Last 4 digits of account number Nonpriority Creditor's Name 17901 Governors Highway When was the debt incurred? Homewood, IL 60430 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Medical Bill 4.2 \$300.00 State Farm Last 4 digits of account number Nonpriority Creditor's Name PO Box 661022 When was the debt incurred? Dallas, TX 75266 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify Debt Owed

Document Page 31 of 64 Debtor 1 Alice M Longino Case number (if know) 4.2 \$100.00 **Swedish Covenant Hospital** 3903 Last 4 digits of account number 5 Nonpriority Creditor's Name 7452 Solution Center When was the debt incurred? Chicago, IL 60677 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Medical Bill ☐ Yes 4.2 Turo \$300.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 116 New Montgomery St. When was the debt incurred? San Francisco, CA 94105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No \square Debts to pension or profit-sharing plans, and other similar debts Other. Specify Debt Owed ☐ Yes 4.2 Village of Matteson \$925.00 Last 4 digits of account number Nonpriority Creditor's Name 20500 South Cicero Avenue When was the debt incurred? Matteson, IL 60443 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Fines

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

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8	Village of Olympia Fields	Last 4 digits of account nu	mber	\$50.00			
	Nonpriority Creditor's Name 20040 Governors Highway, Suite 2	When was the debt incurre	d?				
	Olympia Fields, IL 60461-1188 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the	claim is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY uns	secured claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of report as priority claims	a separation agreement or divorce that you did not				
	No		-sharing plans, and other similar debts				
	□ Yes	Other. Specify Gover					
4.2 9	Village of Riverdale	Last 4 digits of account nu	mber	\$100.00			
	Nonpriority Creditor's Name 157 W. 144th St. Riverdale, IL 60827	When was the debt incurre	d?				
	Number Street City State Zlp Code	As of the date you file, the	claim is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY uns	ecured claim:				
	Check if this claim is for a community	Student loans	_				
	debt Is the claim subject to offset?	Obligations arising out of report as priority claims	a separation agreement or divorce that you did not				
	■ No	Debts to pension or profit	-sharing plans, and other similar debts				
	Yes	Other. Specify					
Part 3	List Others to Be Notified About a Do	ebt That You Already Listed					
is try	ying to collect from you for a debt you owe to s	someone else, list the original cre nat you listed in Parts 1 or 2, list th	t that you already listed in Parts 1 or 2. For example, if a ditor in Parts 1 or 2, then list the collection agency here. le additional creditors here. If you do not have additiona	Similarly, if you			
	and Address	On which entry in Part 1 or Part 2	· · · <u> </u>				
	ld Scott Harris, P.C. V. Jackson Blvd	Line 4.10 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims				
Ste 6			■ Part 2: Creditors with Nonpriority Unsecured Claims				
Chic	ago, IL 60604	Last 4 digits of account number					
	and Address	On which entry in Part 1 or Part 2	· · · <u> </u>				
	ield Pet Hospital	Line 4.16 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims				
	N. Elston Ave. ago, IL 60647		■ Part 2: Creditors with Nonpriority Unsecured Claims				
		Last 4 digits of account number					
Name	and Address	On which entry in Part 1 or Part 2	did you list the original creditor?				
Com		Line 4.11 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
_	Box 6111 I Stream, IL 60197		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Jui	. 5 54, 12 55 151	Last 4 digits of account number					
Name	and Address	On which entry in Part 1 or Part 2	did you list the original creditor?				
Corp	oration Counsel	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
30 N.	LaSalle		■ Part 2: Creditors with Nonpriority Unsecured Claims				

Official Form 106 E/F

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Debtor 1 Alice M Longino		Case number (if know)					
Ste 800 Chicago, IL 60602	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?					
Illinois Secretary of State	Line 4.10 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
Safety & Financial 2701 S. Dirksen Parkway Springfield, IL 62723		■ Part 2: Creditors with Nonpriority Unsecured Claims					
opg,	Last 4 digits of account number	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?						
Just Energy	Line 4.17 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims					
PO Box 2210		■ Part 2: Creditors with Nonpriority Unsecured Claims					
Buffalo, NY 14240	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?						
Kemper Preferred Agent	Line 4.18 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
12926 GranBay Parkway W		■ Part 2: Creditors with Nonpriority Unsecured Claims					
Jacksonville, FL 32258	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?						
State Collection Service	Line 4.23 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
2509 S. Stoughton Road Madison, WI 53716		■ Part 2: Creditors with Nonpriority Unsecured Claims					
Madison, Wi 337 10	Last 4 digits of account number						
Name and Address	On which entry in Part 1 or Part 2 did you list the original creditor?						
Synchrony Bank	Line 4.21 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims					
PO Box 965005		Part 2: Creditors with Nonpriority Unsecured Claims					

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
6a.	Domestic support obligations	6a.	\$	0.00
6b.	Taxes and certain other debts you owe the government	6b.	\$	1,800.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	1,800.00
				Total Claim
6f.	Student loans	6f.	\$	199,553.00
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	17,873.04
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	217,426.04
	6b. 6c. 6d. 6e. 6f. 6g. 6h.	 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6d. Other. Add all other priority unsecured claims. Write that amount here. 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 	6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 6e. Total Priority. Add lines 6a through 6d. 6e. 6f. Student loans 6f. 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. 6d. 6d. 6d. 6d. 6d. 6e.	6a. Domestic support obligations 6a. \$ 6b. Taxes and certain other debts you owe the government 6c. Claims for death or personal injury while you were intoxicated 6c. \$ 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. \$ 6e. Total Priority. Add lines 6a through 6d. 6f. Student loans 6f. \$ 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Last 4 digits of account number

Orlando, FL 32896

		1700.11111	111 FAUC 34 ULU4	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Alice M Longino			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
()				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Number	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	

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			<u>:::: Paue 55 t</u>	11 ()4	
Fill in this	information to identify your				
Debtor 1	Alice M Longino				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
United Stat	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
	. ,				
Case numb (if known)	per				☐ Check if this is an
					amended filing
Official	Form 106H				
	ule H: Your Cod	obtore			40/45
Scried	ule n. Toul Cou	enioi 2			12/15
ill it out, ar our name	nd number the entries in the and case number (if known)	boxes on the left. Attach . Answer every question	the Additional Page t	o this page. On the top o	ded, copy the Additional Page, f any Additional Pages, write
1. Do y	ou have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No					
☐ Yes					
	nin the last 8 years, have you a, California, Idaho, Louisiana,				tates and territories include
=	0 / 1 0				
	Go to line 3. Did your spouse, former spou	use, or legal equivalent live	e with you at the time?		
	,	,	,		
in line Form 1	2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make	sure you have listed the	vith you. List the person shown creditor on Schedule D (Official hedule E/F, or Schedule G to fill
	Column 1: Your codebtor lame, Number, Street, City, State and Zl	P Code		Column 2: The credit Check all schedules t	tor to whom you owe the debt hat apply:
3.1				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street	2: .	710.0		
(City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			☐ Schedule E/F, line	
				☐ Schedule G, line	
	Number Street			_	
C	City	State	ZIP Code		

Schedule H: Your Codebtors

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Fill	in this information to identify your c	ase:								
Del	otor 1 Alice M Lon	gino			_					
	otor 2				_					
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS							
Case number (If known)						Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:				
O ¹	fficial Form 106l					MM / DD/		rollowing date.		
	chedule I: Your Inc	ome				MINI / DD/	1111		12/15	
spo atta	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	ır spouse is not filing wi	ith you, do not inclu	ude infor	mati	on about your sp	ouse. If	more space is nee	ded,	
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non	-filing spouse		
	If you have more than one job,	Employment status	■ Employed	■ Employed			■ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed			☐ Not	☐ Not employed			
	employers.	Occupation	Customer Service			Office Clerk				
	Include part-time, seasonal, or self-employed work.	Employer's name	Social Security	Social Security Administration			American Visa Service, Inc. 53 W. Jackson Blvd. Chicago, IL 60604			
	Occupation may include student or homemaker, if it applies.	Employer's address	600 W. Madison, 8th Floor Chicago, IL 60660							
		How long employed t	here? 9 years	S			1 year		_	
Par	t 2: Give Details About Mor	nthly Income								
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to	report for	any l	line, write \$0 in th	e space.	Include your non-fili	ng	
	u or your non-filing spouse have me e space, attach a separate sheet to		ombine the information	on for all e	emplo	oyers for that pers	on on the	e lines below. If you	need	
						For Debtor 1		Debtor 2 or filing spouse		
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	4,649.00	\$	2,645.00		
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	0.00		

4,649.00

2,645.00

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Alice M Longino	-	C	Case	number (if known)				
					For	Debtor 1		or Debtor		
	Сор	y line 4 here	4.		\$	4,649.00	\$	n-filing s	,645.00	
5.	l ict	all payroll deductions:					_			_
J.	5a.	Tax, Medicare, and Social Security deductions	5a		\$	927.00	\$		506.00	
	5a. 5b.	Mandatory contributions for retirement plans	5a 5b		\$ -	837.00 36.00	\$ \$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c		\$ -	134.00	\$		0.00	_
	5d.	Required repayments of retirement fund loans	5d		<u>\$</u> -	20.00	\$		0.00	_
	5e.	Insurance	5e		<u> </u>	504.00	\$		0.00	_
	5f.	Domestic support obligations	5f.		\$	0.00	\$		0.00	_
	5g.	Union dues	5g		\$_	33.00	\$		0.00	_
	5h.	Other deductions. Specify: Life Insurance	5h	.+	\$	31.00	+ \$ _		0.00	_
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,595.00	\$_		506.00	_
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	3,054.00	\$_	2	,139.00	_
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	0.00	\$		0.00	
	8b.	Interest and dividends	8b		\$ -	0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$	0.00	\$		0.00	_
	8d.	Unemployment compensation	8d		\$	0.00	\$		0.00	_
	8e.	Social Security	8e		\$	0.00	\$		0.00	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$_ \$	0.00	\$ \$		0.00	_
	8h.	Other monthly income. Specify:	8h		\$	0.00	+ \$ -		0.00	_
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	B	0.00	\$		0.0	0
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$		3,054.00 + \$	_	,139.00	= \$	5,193.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	•	3,034.00 + V_		,139.00		5,195.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		,	,	•	Schedule	e J. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certainies						e. 12.	\$	5,193.00
13.	Dov	ou expect an increase or decrease within the year after you file this form	?						Combi	ned ly income
		No.	-							
	_	Vas Evnlain:								

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Fill ir	n this information to identify your case:		I		
Debto			Chec	k if this is:	
			_	An amended filing	
Debto (Spot	or 2use, if filing)			A supplement shown 13 expenses as of	ving postpetition chapter the following date:
` '		LINOIS	_	MM / DD / YYYY	
Unite	ed States Bankruptcy Court for the: NORTHERN DISTRICT OF IL	LINOIS		MINI / DD / YYYY	
Case (If kno	enumber jown)				
	ficial Form 106J				
	hedule J: Your Expenses				12/1
info	as complete and accurate as possible. If two married peopl rmation. If more space is needed, attach another sheet to t aber (if known). Answer every question.				
Part					
1.	Is this a joint case? No. Go to line 2.				
	☐ Yes. Does Debtor 2 live in a separate household?				
	□ No				
	☐ Yes. Debtor 2 must file Official Form 106J-2, Exper	nses for Separate House	ehold of Deb	tor 2.	
2.	Do you have dependents? ■ No				
	Do not list Debtor 1 and Debtor 2. Fill out this information f each dependent			Dependent's age	Does dependent live with you?
	Do not state the				□ No
	dependents names.				☐ Yes
					□ No □ Yes
					□ No
					☐ Yes
					□ No
_					☐ Yes
	Do your expenses include expenses of people other than				
	yourself and your dependents?				
Part	2: Estimate Your Ongoing Monthly Expenses				
expe	mate your expenses as of your bankruptcy filing date unle enses as of a date after the bankruptcy is filed. If this is a s licable date.				
the \	ude expenses paid for with non-cash government assistan value of such assistance and have included it on <i>Schedule</i> icial Form 106l.)	nce if you know e I: Your Income		Your exp	enses
(0111	1001.)				
4.	The rental or home ownership expenses for your resident payments and any rent for the ground or lot.	ce. Include first mortgag	e 4. \$		0.00
	If not included in line 4:				
	4a. Real estate taxes		4a. \$		488.00
	4b. Property, homeowner's, or renter's insurance		4b. \$		220.00
	4c. Home maintenance, repair, and upkeep expenses		4c. \$		100.00
5.	 Homeowner's association or condominium dues Additional mortgage payments for your residence, such as 	s home equity loans	4d. \$ 5. \$		0.00

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Deb	tor 1	Alice M	Longino	Case nur	nber	(if known)	
6.	Utilit	ies:					
•	6a.		, heat, natural gas	6a	. \$		350.00
	6b.	Water, se	ewer, garbage collection	6b.	. \$		0.00
	6c.	Telephon	e, cell phone, Internet, satellite, and cable services		. \$		0.00
	6d.	Other, Sp	ecify: Cable	6d.	. \$		33.00
		Cell Pho			\$		140.00
		Home S	oourity.		\$		57.00
		Internet			\$		33.00
		Home P			\$	-	33.00
7.	Food		sekeeping supplies	7.			
7. 8.			children's education costs	8			400.00
_							0.00
9.		_	dry, and dry cleaning	9.			100.00
			products and services	10.			150.00
			ental expenses	11.	. \$		50.00
12.			Include gas, maintenance, bus or train fare.	10	¢		540.00
40			car payments.		. \$		
			clubs, recreation, newspapers, magazines, and books		. \$		100.00
			tributions and religious donations	14.	. \$		0.00
15.		rance.					
			nsurance deducted from your pay or included in lines 4 or 20.	45-	Φ		222.22
		Life insur		15a.			230.00
		Health ins		15b.			0.00
		Vehicle in		15c			230.00
			urance. Specify:	15d	. \$		0.00
16.	Taxe Spec		nclude taxes deducted from your pay or included in lines 4 or 20.	16	. \$		0.00
17.	•	,	lease payments:		•		<u> </u>
			nents for Vehicle 1	17a	. \$		0.00
		. ,	nents for Vehicle 2	17b			0.00
		Other. Sp		17c			0.00
		Other. Sp		17d			0.00
10			s of alimony, maintenance, and support that you did not repo		. ψ		0.00
10.			your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 1		. \$		0.00
19.	Othe	r pavment	s you make to support others who do not live with you.	001).	\$		0.00
	Spec		. , ou , our port out of the time state	19.			0.00
20	•	·	perty expenses not included in lines 4 or 5 of this form or on			Income	
20.			s on other property	20a		mcome.	0.00
		Real esta		20b			0.00
			homeowner's, or renter's insurance	200			0.00
			nce, repair, and upkeep expenses	20d			
							0.00
٠.			ner's association or condominium dues	20e			0.00
21.	Othe	r: Specify:	Auto Repairs/Maintenance	21.	+\$	\$	100.00
22	Calc	ulate vour	monthly expenses				
		-	through 21.			\$	3,354.00
			22 (monthly expenses for Debtor 2), if any, from Official Form 106	S.I-2		\$	3,334.00
		. ,	, , , , , , , , , , , , , , , , , , , ,	00 Z		·	
	22C. /	Add line 22	2a and 22b. The result is your monthly expenses.			\$	3,354.00
23.	Calc	ulate vour	monthly net income.				
			12 (your combined monthly income) from Schedule I.	23a	. \$		5,193.00
			r monthly expenses from line 22c above.	23b		;	3,354.00
	200.	Jopy you		200	Ψ		3,334.00
	23c	Subtract	your monthly expenses from your monthly income.				
	200.		t is your monthly net income.	23c	. \$		1,839.00
		2.0001	, ,		-		
24.			an increase or decrease in your expenses within the year after				
			ou expect to finish paying for your car loan within the year or do you expec	ct your mortgage	pay	ment to increa	ase or decrease because of a
			e terms of your mortgage?				
	■ No	0.					
	□ Ye	es.	Explain here:				

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Fill in this infor	mation to identify your	case:			
Debtor 1	Alice M Longino				
5 6	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)					☐ Check if this is an amended filing
Official Forr		ا منا المنا المنا	Daktaria Ca	م ماديام م	
Declarat	tion About a	an Individual	Deptor's Sc	neaules	12/15
	l8 U.S.C. §§ 152, 1341, 1 n Below	377.			
Did you pa	ay or agree to pay some	one who is NOT an attorr	ney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes. I	Name of person				Petition Preparer's Notice, gnature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sumr	nary and schedules filed	d with this declaration and	
X /s/ Alic	ce M Longino		X		
Alice I	M Longino ure of Debtor 1		Signature of I	Debtor 2	
Date	April 30, 2018		Date		

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Fill in this infor	mation to identify you	r case:			
Debtor 1	Alice M Longino				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS		
Case number					
(if known)					check if this is an mended filing
Official Fo					
Statement	t of Financial	Affairs for Individ	duals Filing for B	Bankruptcy	4/16
				equally responsible for sup y additional pages, write you	
number (if know	n). Answer every que	stion.	•		
Part 1: Give	Details About Your Ma	arital Status and Where You	Lived Before		
1. What is you	ır current marital statı	ıs?			
■ Married	d				
☐ Not ma	ırried				
2. During the	last 3 years, have you	lived anywhere other than	where you live now?		
□ No					
Yes. Li	st all of the places you	lived in the last 3 years. Do no	ot include where you live nov	٧.	
Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there
10157 S. Chicago,		From-To: 2000 to 2016	☐ Same as Debtor	1	☐ Same as Debtor 1 From-To:
states and territo	<i>ri</i> es include Arizona, Ca		vada, New Mexico, Puerto R	nity property state or territory ico, Texas, Washington and W	
Part 2 Expla	in the Sources of You	r Income			
Fill in the tot	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?
□ No					
Yes. Fi	II in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	of current year until ed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$19,283.00	■ Wages, commissions, bonuses, tips	\$9,756.00
		☐ Operating a business		☐ Operating a business	
Official Form 107		Statement of Financial Affa	airs for Individuals Filing for B	ankruptcy	page 1

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Case number (if known) Document

Debtor 1 Alice M Longino

		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	or last calendar year: anuary 1 to December 31, 2017	■ Wages, commissions, bonuses, tips	\$58,216.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
		☐ Wages, commissions, bonuses, tips	\$4,620.00	☐ Wages, commissions, bonuses, tips	
		Operating a business		☐ Operating a business	
	or the calendar year before that: anuary 1 to December 31, 2016		\$45,546.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
		☐ Wages, commissions, bonuses, tips	\$2,799.00	☐ Wages, commissions, bonuses, tips	
		Operating a business		☐ Operating a business	
	■ No □ Yes. Fill in the details.	income from each source separa	,	,	
		Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
Pa	art 3: List Certain Payments	ou Made Before You Filed for	Bankruptcy		
6.	□ No. Neither Debtor 1 no individual primarily for During the 90 days to □ No. Go to lir □ Yes List below paid that	ow each creditor to whom you partite to creditor. Do not include paymer	umer debts. Consumer debtable purpose." id you pay any creditor a total id a total of \$6,425* or more into for domestic support obligion.	I of \$6,425* or more?	the total amount you
	* Subject to adjustn Yes. Debtor 1 or Debtor	ude payments to an attorney for the net on 4/01/19 and every 3 year 2 or both have primarily consumptions and the payments are payments are payments and the payments are payments and the payments are payments are payments are payments and the payments are payments are payments are payments and the payments are payments and the payments are payments are payments and the payments are payments and payments are paymen	s after that for cases filed on umer debts.		t.
	,	pefore you filed for bankruptcy, di	iu you pay ariy creditor a tota	ii oi ądoo oi more?	
	include	ne 7. ow each creditor to whom you pa payments for domestic support o v for this bankruptcy case.			

Creditor's Name and Address

Dates of payment

Total amount paid Amount you still owe

Was this payment for ...

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Case number (if known) Document

Debtor 1 Alice M Longino

	Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this p	ayment for
	Chase Auto Finance	Monthly	\$484.00	\$19,994.00	☐ Mortgag	е
	National Bankruptcy Dept				■ Car	
	201 N Central Ave Ms Az1-1191				☐ Credit C	ard
	Phoenix, AZ 85004				☐ Loan Re	payment
					☐ Supplier	s or vendors
					Other_	
	Chicago Area Federal Credit Union 600 W Madison	Monthly	\$554.00	\$15,403.00	☐ Mortgag	e
	Chicago, IL 60661				Car	
	Cilicago, in 6000 i				☐ Credit C	ard
					☐ Loan Re	payment
					☐ Supplier	s or vendors
					Other_	-
	of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. No Yes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	r this payment
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount	Amount you		this payment
			paid	still owe	Include cre	ditor's name
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.					
	□ No					
	Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of t	he case
		Cylotian	Dalay Cantar		_	
	Eugine Longino and Alice Longino vs Lori Gray	Eviction	Daley Center 50 W. Washing	ton	Pending	
	2018 M1 704701		Chicago, IL 600		On app	
	2010 111 704701		omeago, in ook	JUL	☐ Conclud	ded
0.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below		erty repossessed, f	oreclosed, garni	shed, attache	d, seized, or levied?
	■ No. Go to line 11. □ Yes. Fill in the information below.					
	Creditor Name and Address	Describe the Property		Date		Value of the
		Explain what happened	d			property
		-Apidili Wildt liappellet				

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Debtor 1	Alice M Longino	 Document	Page 44 of 64 Case number (if known)	.

11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bed № №	otcy, did any creditor, including a bank or financial ins ause you owed a debt?	stitution, set off any a	amounts from your
	☐ Yes. Fill in the details.			
	Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
12.	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a No Yes	cy, was any of your property in the possession of an another official?	assignee for the bend	efit of creditors, a
Pai	t 5: List Certain Gifts and Contributions			
13.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift.	etcy, did you give any gifts with a total value of more t	han \$600 per person	?
	Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:			
14.	Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or cor	etcy, did you give any gifts or contributions with a total	al value of more than	\$600 to any charity?
	Gifts or contributions to charities that tot more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	al Describe what you contributed	Dates you contributed	Value
Pai	t 6: List Certain Losses			
15.	Within 1 year before you filed for bankrupt or gambling?	cy or since you filed for bankruptcy, did you lose any	thing because of the	it, fire, other disaster,
	■ No □ Yes. Fill in the details.			
	how the loss occurred	rescribe any insurance coverage for the loss include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
Pai	t 7: List Certain Payments or Transfers	, ,		
16.	consulted about seeking bankruptcy or pro	cy, did you or anyone else acting on your behalf pay of eparing a bankruptcy petition? parers, or credit counseling agencies for services require	,	rty to anyone you
	□ No■ Yes. Fill in the details.			
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	Ledford, Wu & Borges, LLC 105 W. Madison 23rd Floor Chicago, IL 60602 notice@billbusters.com	\$200.00 paid prior to case filing; \$3,800.00 to be paid by through the Chapter 13 Plan.	04/2018	\$200.00
	notice @bilibusters.com			

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Debtor 1 Alice M Longino

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value transferred	ue of any prope	erty	Date payment or transfer was made	Amount of payment
	CIN Legal Data Services 4540 Honeywell Ct Dayton, OH 45424	\$60.00 for merged report, credit coul education courses	nseling and d		04/2018	\$60.00
17.	Within 1 year before you filed for bankruptcy, of promised to help you deal with your creditors of Do not include any payment or transfer that you list	or to make payments to			r transfer any proper	ty to anyone who
	■ No □ Yes Fill in the details.					
		Description and val			Data navement	Amount of
	Person Who Was Paid Address	Description and value transferred	ue of any prope	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy,			sfer any prop	erty to anyone, other	than property
	transferred in the ordinary course of your busing Include both outright transfers and transfers made include gifts and transfers that you have already list. No	as security (such as the		ecurity interes	t or mortgage on your	property). Do not
	Yes. Fill in the details.					
	Person Who Received Transfer Address Person's relationship to you	Description and value property transferred			nny property or received or debts change	Date transfer was made
19.	Within 10 years before you filed for bankruptcy	ر, did you transfer any ر	property to a se	elf-settled tru	st or similar device o	of which you are a
	beneficiary? (These are often called asset-protection No					·
	Yes. Fill in the details. Name of trust	Description and valu	ua of the propo	rty transform	a d	Date Transfer was
	Name of trust	Description and value	ue or the prope	ity transiem	su	made
Par	List of Certain Financial Accounts, Instru	ıments, Safe Deposit B	oxes, and Stor	age Units		
20.	Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o	•				,
	houses, pension funds, cooperatives, associat No	tions, and other financi	al institutions.			
	Yes. Fill in the details.		_	_		
			Type of account nstrument	clo mo	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yea cash, or other valuables?	r before you filed for ba	ankruptcy, any	safe deposit	box or other deposit	tory for securities,
	■ No					
	Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acces Address (Number, Stree State and ZIP Code)		escribe the o	contents	Do you still have it?

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22.	Have you stored property in a storage unit or pla ■ No	ace other than your home within 1	year before you filed for bankruptcy?	
	Yes. Fill in the details.			
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Par	9: Identify Property You Hold or Control for S	Someone Else		
23.	Do you hold or control any property that someo for someone.	ne else owns? Include any proper	ty you borrowed from, are storing for,	or hold in trust
	■ No □ Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Valu
Par	10: Give Details About Environmental Information	ation		
For	he purpose of Part 10, the following definitions	apply:		
•	Environmental law means any federal, state, or toxic substances, wastes, or material into the ai regulations controlling the cleanup of these substite means any location, facility, or property as to own, operate, or utilize it, including disposal	r, land, soil, surface water, ground ostances, wastes, or material. defined under any environmental l	dwater, or other medium, including sta	atutes or
	Hazardous material means anything an environi hazardous material, pollutant, contaminant, or s	mental law defines as a hazardous	waste, hazardous substance, toxic s	ubstance,
Rep	ort all notices, releases, and proceedings that yo	ou know about, regardless of wher	they occurred.	
24.	Has any governmental unit notified you that you	ı may be liable or potentially liable	under or in violation of an environme	ntal law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or adminis	strative proceeding under any envi	ronmental law? Include settlements a	nd orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	11: Give Details About Your Business or Con	nections to Any Business		
27.	Within 4 years before you filed for bankruptcy, o	lid you own a business or have an	y of the following connections to any	business?
	☐ A sole proprietor or self-employed in a t		·	
	☐ A member of a limited liability company	(LLC) or limited liability partnersh	ip (LLP)	

Entered 05/03/18 14:10:53 Case 18-13043 Doc 1 Filed 05/03/18 Page 47 of 64 Case number (if known) Document Debtor 1 Alice M Longino ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Employer Identification number Business Name** Describe the nature of the business Do not include Social Security number or ITIN. Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper **Dates business existed** GIA Enterprises Inc. Servicing EIN: 26-1931178 21035 Homeland Road From-To 2008 through 2014 Matteson, IL 60443 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No ☐ Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Al	lice M Longino	
Alice M Longino Signature of Debtor 1		Signature of Debtor 2
Date	April 30, 2018	Date
Did yo	u attach additional p	ages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes	S	
Did yo	ou pay or agree to pay	someone who is not an attorney to help you fill out bankruptcy forms?
■ No		
П Уес	Name of Person	Attach the Bankruntov Petition Preparer's Notice Declaration, and Signature (Official Form 119)

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$1	5 trustee surcharge	
\$335	5 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
 - ■The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
 - (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
 - By agreement of the parties for prepetition and preconfirmation work, including consultation, drafting petition and plan, 341 meeting, negotiation with creditors, court hearings, amendments etc.
 - (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
 - (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$200.00 toward the flat fee, leaving a balance due of \$3,800.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00.
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date:April 30, 2018	
Signed:	
/s/ Alice M Longino	/s/ Ernesto D. Borges, Jr. ARDC
Alice M Longino	Ernesto D. Borges, Jr. ARDC #6189298
	Attorney for the Debtor(s)
Debtor(s)	
Do not sign this agreement if the amou	unts are blank.

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	Alice M Longi	ino			Case No	0.
				Debtor(s)	Chapter	13
	DIS	CL	OSURE OF COME	PENSATION OF ATTO	RNEY FOR I	DEBTOR(S)
1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) at compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for serve be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:					aid to me, for services rendered or to	
	For legal service	es, I h	nave agreed to accept		\$	4,000.00
	Prior to the filir	ng of t	his statement I have receiv	ved	\$	200.00
	Balance Due				\$	3,800.00
2. \$	S 310.00 of the	filing	g fee has been paid.			
3. Т	The source of the co	mpen	sation paid to me was:			
	Debtor		Other (specify):			
4. Т	The source of compo	ensatio	on to be paid to me is:			
	Debtor		Other (specify):			
5. I	I have not agree	d to sl	nare the above-disclosed co	ompensation with any other person	n unless they are mo	embers and associates of my law firm.
I				pensation with a person or persons to names of the people sharing in the		ers or associates of my law firm. A attached.
6. l	In return for the abo	ve-dis	sclosed fee, I have agreed t	to render legal service for all aspec	cts of the bankruptc	y case, including:
b c	o. Preparation and to Representation of I. [Other provision: Exemptio	filing of f the c s as no n pla	of any petition, schedules, debtor at the meeting of cre eeded] inning; preparation and	endering advice to the debtor in de statement of affairs and plan whice editors and confirmation hearing, a d filing of reaffirmation agree USC 522(f)(2)(A) for avoidance	th may be required; and any adjourned be ments and appli	nearings thereof; cations as needed; preparation
7. E				d fee does not include the following dischargeability actions or a		ary proceeding.
				CERTIFICATION		
	certify that the fore ankruptcy proceeding		; is a complete statement of	f any agreement or arrangement for	or payment to me fo	or representation of the debtor(s) in
Aı	pril 30, 2018			/s/ Ernesto D. Bo	orges, Jr. ARDC	
	ate			Ernesto D. Borg Signature of Attorn Ledford, Wu & E 105 W. Madison 23rd Floor Chicago, IL 6060	es, Jr. ARDC #6 ² ney Borges, LLC	
				notice@billbust		

United States Bankruptcy Court Northern District of Illinois

In re	Alice M Longino		Case No.		
		Debtor(s)	Chapter 13		
	VE	CRIFICATION OF CREDITOR N	MATRIX		
		Number o	f Creditors:	46	
	The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.				
Date:	April 30, 2018	/s/ Alice M Longino Alice M Longino Signature of Debtor			

Alice M Longino 21035 Homeland Road Matteson, IL 60443

Ernesto D. Borges, Jr. ARDC Ledford, Wu & Borges, LLC 105 W. Madison 23rd Floor Chicago, IL 60602

Advocate Health Care P.O. Box 23860 Belleville, IL 62223

Advocate Medical Group P.O. Box 92523 Chicago, IL 60675

Alliance One 6565 Kimball Drive Gig Harbor, WA 98335

Arnold Scott Harris, P.C. 111 W. Jackson Blvd Ste 600 Chicago, IL 60604

AT&T PO Box 5014 Carol Stream, IL 60197

Atg Credit 1700 West Cortland Street Suite 201 Chicago, IL 60622

Auburn Loan Servicing 259 Minot Ave Auburn, ME 04210

Banfield Pet Hospital 2665 N. Elston Ave. Chicago, IL 60647

BCA Financial Services 18001 Old Cutler Road Suite 462 Miami, FL 33157

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Auto Finance National Bankruptcy Dept 201 N Central Ave Ms Az1-1191 Phoenix, AZ 85004

Chicago Area Federal Credit Union 600 W Madison Chicago, IL 60661

Chicago Area Federal Credit Union 600 W Madison Chicago, IL 60661

Chicago Area Federal Credit Union 600 W Madison Chicago, IL 60661

City of Chicago Parking 121 N. LaSalle Street #107A Chicago, IL 60602

ComEd 3 Lincoln Center Attn: Bkcy Group-Claims Department Oakbrook Terrace, IL 60181

Comed P.O. Box 6111 Carol Stream, IL 60197

Comenity Capital Bank/HSN Attn: Bankruptcy Dept Po Box 18215 Columbus, OH 43218

Cook County Treasurer 118 North Clark Street Suite 112 Chicago, IL 60602

Corporation Counsel 30 N. LaSalle Ste 800 Chicago, IL 60602

Ditech Attn: Bankruptcy Po Box 6172 Rapid City, SD 57709

FedLoan Servicing Attention: Bankruptcy Po Box 69184 Harrisburg, PA 17106

Guaranty Bk Attn: Bankruptcy 4000 W Brown Deer Rd Brown Deer, WI 53209

I Achieve Today 707 Timpanogos Parkway Building M, Suite 1300 Orem, UT 84097-1500

I C System Inc 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164

Illinois Secretary of State Safety & Financial 2701 S. Dirksen Parkway Springfield, IL 62723

IRS c/o Centralized INsolvency Operatio P.O.Box 21126 Philadelphia, PA 19114 Just Energy 8600 W. Bryn Mawr Chicago, IL 60631

Just Energy PO Box 2210 Buffalo, NY 14240

Kemper Preferred Agent Fairoaks Insurance Agency One Tiffany Pointe Bloomingdale, IL 60108

Kemper Preferred Agent 12926 GranBay Parkway W Jacksonville, FL 32258

Lake Anesthesia P.O. Box 158 Flossmor, IL 60423

Nicor Attention: Bankruptcy & Collections PO Box 549 Aurora, IL 60507

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Sirius Satellite Radio 1221 Avenue of the Americas New York, NY 10020

South Suburban Gastroenterology, SC 17901 Governors Highway Homewood, IL 60430

State Collection Service 2509 S. Stoughton Road Madison, WI 53716

State Farm PO Box 661022 Dallas, TX 75266

Swedish Covenant Hospital 7452 Solution Center Chicago, IL 60677

Synchrony Bank PO Box 965005 Orlando, FL 32896

Turo 116 New Montgomery St. San Francisco, CA 94105

Village of Matteson 20500 South Cicero Avenue Matteson, IL 60443

Village of Olympia Fields 20040 Governors Highway, Suite 2 Olympia Fields, IL 60461-1188

Village of Riverdale 157 W. 144th St. Riverdale, IL 60827